

Why Physicians Support The Compassionate Choices Act

Caring for dying patients includes the sacred duty to listen to their fears, communicate their options, and honor their choices for end of life care.

Physicians for Compassionate Choices

Polls of Physicians Show Majority Support

“Results of a national survey of 1,088 physicians revealed that a clear majority of physicians believe that it is ethical to assist an individual who has made a rational choice to die due to unbearable suffering.”

Louis Finkelstein

Institute for Religious and Social Studies

“A national survey of 677 physicians and 1,057 members of the general public by HCD Research in October 2005, revealed that the majority of both groups believe that physicians should be permitted to dispense life-ending prescriptions to terminally ill patients who have made a rational decision to die due to unbearable suffering. The survey indicated that nearly two-thirds of physicians (62%) believe that physicians should be permitted to dispense life-ending prescriptions.”

HCD Research

“We support Aid In Dying as a way to allow competent patients with terminal diseases to decide how to live the last moments of their lives. [W]hen all other approaches to relieve the suffering of a terminal illness have failed...assisted death is an extension of compassionate medical care.”

American Medical Students Association

“For some patients, choosing to hasten death is a reasonable choice, when it becomes clear to the physician and the patient that nothing awaits but a final, fatal slide into what may be a pointlessly prolonged dying.”

*Robert V. Brody, MD, Chair, Ethics Committee
San Francisco General Hospital*

“Most California patients suffering from incurable cancer or other terminal diseases want the right to have some measure of control, or autonomy, at the end of their lives. Aid In Dying places that power to choose in the hands of the terminally ill patient.

I believe it is our responsibility to listen to our patients; and if medically, morally and legally possible provide them with the comfort they request. It should be the patient’s decision and physicians should honor patients’ autonomy and choice. Dying is a private experience, and should be in the hands of the patient with support from the physician.”

*C. Ronald Koons, MD, Chair, Ethics Committee
UC Irvine Medical Center*

“To require dying patients to endure unrelievable suffering, regardless of their wishes, is callous and unseemly. Death is hard enough without being bullied. Like the relief of pain, this too is a matter of mercy.”

*Marcia Angell MD, Senior Lecturer, Harvard Medical School,
Former Editor-in-Chief
New England Journal of Medicine*



“The issue is patients’ rights, patients’ choice, love and compassion for the dying person and respect for that person’s wishes. Oregon’s law works and is a model for California. Terminally ill California patients deserve additional autonomy and power at the end of life.”

*Richard Ikeda, MD, Director
Health for All Community Clinics, Sacramento*

“The relief from my terminally-ill patients and their families is palpable. I think I’ve also helped families accept their family members’ final wishes in the face of terrible illness. Aid in dying for terminal patients is an essential part of good, compassionate end of life care.”

Nicholas Gideonse, MD, Director, Primary Care Center, Oregon Health Science University

“Oregon’s Death With Dignity Act has been responsibly implemented, with none of the dire predicted consequences. Hospice workers agree that the most important reason patients use a prescription is to control the circumstances of death. The least important reasons include depression, being a financial drain on others, and lack of social support.”

Ann Jackson MBA,

Executive Director, Oregon Hospice Association

“In my view it is all about who controls the patient. And in my view it is the patient who should be in control of his dying options.”

Alan Carpenter, MD, Adjunct Faculty, Stanford University Medical School

“It is the duty of every physician to respect his or her patients, communicate with them to the best of his or her ability, cure disease whenever possible, never abandon a patient in need, and, at all times, do his or her best to relieve suffering. Sadly, many patients do suffer tremendously at the end of life. Despite our best efforts, we are currently unable to alleviate suffering for all patients at the end of life. The fear of suffering can be powerful as well. I have known many people whose fear of suffering was tremendous. These individuals know that there is currently no legal option for their physician to assist them in dying as they choose. Because of this, many simply do not talk to their physician about their fears.”

Alex Kon, MD, Associate Professor of Pediatrics and Bioethics, University of California, Davis

“I have treated scores of terminally-ill patients, and not one of them wanted to die. Not one of them wanted to ‘kill’ themselves. These patients wanted to live as long as they could experience life. They did not, however, want to prolong their deaths. As a physician, I resent the term ‘physician-assisted suicide.’ I have never felt I was assisting a suicidal patient, but rather aiding a patient with his or her end of life choice.”

Peter Goodwin, MD, Professor Emeritus, Dept. of Family Medicine, Oregon Health Science University

“I have always been in favor of a patient’s right to a dignified death. Medically hastened deaths – which happen already - should be done in the best of circumstances under true safeguards instead of botched attempts and violent suicides we see now. At a minimum, allowing the patient to control their own pain management allows for more comfort than a doctor can provide in some cases.”

Jonathan Feinberg, MD, Family Practice Physician, San Mateo

“We all know that in practice physicians do sometimes hasten deaths when compassion and good judgment call for such intervention. But these actions are clandestine, unregulated, and sometimes insufficiently informed, and patient care suffers accordingly.

“Physicians who would render compassionate assistance to their patients in accord with a law like the one embodied in [the California Compassionate Choices Act] would be acting in a manner consistent with the best ethical standards of our profession.”

Robert Liner, MD, Obstetrician/Gynecologist, San Francisco

“Medicine has evolved and end of life choices are part of caring for dying patients. Physicians should be partners with the patient at the last stage of life.”

Chuck Supple, MD, Family Practice Physician, Palm Springs